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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10002214-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A System And Method Fo	r Lens	Filter Emulation In	Digita	al Photography			
the specification of which	n is att	ached hereto unles	ss the	following box is che	ecked:		
() was filed on Number	and w	as US A as amended on	pplicat	tion Serial No. or PC (if ap	T International pplicable).	Application	
I hereby state that I havincluding the claims, as disclose all information w	amend	led by any amend	ment(:	s) referred to above	e. I acknowle		
Foreign Application(s) and/or Cl							
I hereby claim foreign priority inventor(s) certificate listed belofiling date before that of the appropriate that the second	ow and I	have also identified bel	ow any				
COUNTRY		APPLICATION NUMBER		DATE FILED	PRIORITY CLAIMED	UNDER 35 U.S C. 119	
					YES.	NO:	
					YES:	NO:	
Provisional Application I hereby claim the benefit under below:	er Title	35, United States Cod	e Section	on 119(e) of any United	States provisional	application(s) listed	
	APP	LICATION SERIAL NUMBER		FILING DATE			
information as defined in Title application and the national or F APPLICATION SERIAL NUMBER	PCT inte			olication:	patented/pending/abandor		
AT LOATION GETTAL NOVIGET							
POWER OF ATTORNEY: As a named inventor, I hereb business in the Patent and Trad				and/or agent(s) to prose	ecute this applicat	ion and transact al	
Customer N	umber	022879		Place Customer Number Bar Code Label here			
Send Correspondence to:				Direct Telephone	Calls To:		
HEWLETT-PACKARD COMPANY Intellectual Property Administration			Anthony J Baca				
P.O. Box 272400 Fort Collins, Colorado 80527-2400				(208) 396-3597			
I hereby declare that all made on information and the knowledge that willf or both, under Section 1 may jeopardize the validi	stater I belie ul fals 001 o	nents made herein f are believed to b e statements and f Title 18 of the U	e true; the lik Jnited	and further that the e so made are puni- States Code and th	ese statements shable by fine	were made with or imprisonment	
Full Name of Inventor: Sarah	΄ ΛΛ Ri	randanhargar		Citizenship։ ՍՏ	:		
 ;		ampton, Boise, ID	8370		<u>′ </u>		
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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10002214-1

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Inventor's Signature	winder	Date	
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Residence:			
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Inventor's Signature		Date	
			Citizenship:
Full Name of # 4 joint inventor	r:		Grazensinp.
Residence:			
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Inventor's Signature		Date	
-			
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Residence:			
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Full Name of # 6 joint invented	or:		Citizenship:
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Inventor's Signature		Date	
			Out white
Full Name of # 7 joint invent	tor:		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	3
m Halon - CHO to to the co	tor:		Citizenship:
Full Name of # 8 joint inven	itor:		
Residence:			
Post Office Address:			
Inventor's Signature		Date	e

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